Effective October 1, 2003 61807														
CLAIMS AS FILED - PART I SMALL ENTITY OTHER : (Cohumn 1) (Cohumn 2) TYPE OR SMALL E											THAN-			
TOTAL CLAIMS			10]	RATE	FEE	7	RATE	FEE		
FOR			MUMBER FILED		NUMBER EXTRA		1	BASIC FE	385.00	OR	BASIC FEE			
T	OTAL CHARGE	ABLE CLAIMS	2.0 minus 20=		•		1	×5.9=	1	OR	****			
INDEPENDENT CLAIMS			minus 3 c				1	X43.	╁╌	┪┈	-			
M	VITIPLE DEPE	NDENT CLAIM P	RESENT						+	POR	A80#			
* If the difference in column 1 is less than zero, enter "O" in column 2							' l	+145=		OR	+290-			
Q QUAIMS AS AMENDED - PART II								TOTAL		OR	TOTAL	טדר		
3-8 (Column 1) (Column 2) (Column 3)									OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDINENT A		CLAIMS REMADING APTER AMERICMENT	·	HOGHE MUDIE PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
KOK	Total	- 20	Minus	-20	2	- Ø		X\$ 9=	,	OR	X\$18=			
ARE	Independent	• /	Minus	(3	-0	lt	X43•	1 /	OR	X86=	/		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.148	 / 			/		
1								+145=	/	OR	+290- TOTAL			
		(Column 1)	•	(Catum	n 21	(Column 3)	. *	DOTT. FEE	<u> </u>	OR	ADDIT, FEE			
ENT B	٧.	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	SY ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	.20	Minus	- 2	0	• /	lΓ	X\$ 9=	. /	OR	X\$18=	1		
	Independent	• 3	Minus	=	3	• /		X43= ·	•/	OR	X86=	/		
	FIRST PRESE		+145=	/		+290a	/							
								TOTAL	/ ·	OR	1014			
12/05 (Column 1) (Column 2) (Column 3)										OR ,	ADDIT SEE	-		
MENTC	•	CLAIMS REMAINING AFTER	•	HUGHE MUMBE PREVIOU	ST \$4	PRESENT EXTRA		RATE	ADDI- TIONAL	٠	RATE	ADDI- TIONAL		
	Total	AMENDMENT		PAID FC		<i>j</i>	L		FEE	.		FEE/		
AMEND			Minus Minus	- 2	-	• / ·	L	×2 5-		OR	X\$18a	<u>/·</u>		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	X43=		OR	XB6-	:/		
+145s / OR +280u /														
" If the column 1 is less than the entry in column 2, write "V in column 3. "If the "Column Number Provinces Paid For the TATS STACE in two than 20														
_		nter Provincely Pet ber Provincely Pets	d For the Thre	E CDACE 1		2 /100			السيطنت		DOTT. FEEL			
								• • •		• • •				

Application or Docket Number